



Dart Aerospace Ltd.  
1270 Aberdeen St  
Hawkesbury, ON  
K6A 1K7  
Canada

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**D5549-014**  
**Job Sheet 183902**



Part No: D5549-014

Job Qty: 1 ea

Part Name: Aft Beam Assembly, RH



Part Weight: 0 lbs

Status: Scheduled

Priority: Medium

Job Created: 9/28/18

Job Tracking No:

Due Date: 10/12/18

Created By: Marie Lajeunesse

Type: SOLD

Description:

Note: D5549 REV B IPP REV: A 18.01.17 NEW ISSUE DD VER: JFS

Ship Via:

006237

### Bill of Materials

### Job Routing

| Op No | Operation          | Qty   | Start Date | Due Date | Standard  |         | Workcenter/Supplier   |           | Sign-off         |
|-------|--------------------|-------|------------|----------|-----------|---------|-----------------------|-----------|------------------|
|       |                    |       |            |          | Setup hrs | Run Hrs | Workcenter / Supplier | Lead Time |                  |
| 90    | Start up Operation | 1 Ea  | 10/12/18   | 10/12/18 | 0.00      | 0.00    | Start Up Small Fab-4  | 50%       | 11/1/18          |
| 110   | Small Fab          | 1 pcs | 10/12/18   | 10/12/18 | 0.00      | 0.58    | Small Fab-9           |           |                  |
| 120   | QC                 | 1 pcs | 10/12/18   | 10/12/18 | 0.00      | 0.00    | QC5                   | 50%       | NOV 13 2018 68   |
| 130   | Packaging          | 1 pcs | 10/12/18   | 10/12/18 | 0.00      | 0.00    | Packaging3-2          |           | NOV 13 2018 9-89 |
| 140   | QC21-SA            | 1 Ea  | 10/12/18   | 10/12/18 | 0.00      | 0.00    | QC21                  |           | NOV 13 2018 21   |

Part Op 110 - 1- Install and Manufacture D2690-13 lanyard. 2- Install D5553-1 with bolts and quick pin to Aft Beam. Torque nut as per dwg. (see note 8) 3- Install D5550-043 to Aft Beam. Torque nut as per dwg. (see note 9)

### Job BOM

| Part / Item   | Component Name             | Quantity           | Operation             | Container         |
|---------------|----------------------------|--------------------|-----------------------|-------------------|
| AN4-26A       | Bolt                       | 10 Ea (10 ea)      | 90-Start up Operation | 5041127           |
| CBL-1240      | Cable                      | 2.8000 ft (2.8 ea) | 90-Start up Operation | 5032661           |
| CBL-460       | Loop Sleeve                | 4 Ea (4 ea)        | 90-Start up Operation | 5092216           |
| D5549-3       | Aft Beam                   | 1 Ea (1 ea)        | 90-Start up Operation | 5124384           |
| D5550-043     | Aft Outboard Beam Assembly | 1 Ea (1 ea)        | 90-Start up Operation | 5124944           |
| D5553-1       | Bracket                    | 2 Ea (2 ea)        | 90-Start up Operation | 3660047           |
| MS17984-C625  | Pin, Quick Release         | 2 Ea (2 ea)        | 90-Start up Operation | Fml38521          |
| MS20002C6     | Washer                     | 6 Ea (6 ea)        | 90-Start up Operation | 50273244 5087 343 |
| MS21042L4     | Nut                        | 10 Ea (10 ea)      | 90-Start up Operation | 5094597           |
| MS21042L6     | Nut                        | 6 Ea (6 ea)        | 90-Start up Operation | 5083542           |
| MS21250-06026 | Bolt                       | 6 Ea (6 ea)        | 90-Start up Operation | Fml3848440        |
| NAS1149D0463J | Washer                     | 20 Ea (20 ea)      | 90-Start up Operation | 5092780           |
| NAS1149D0663J | Washer                     | 6 Ea (6 ea)        | 90-Start up Operation | 5093765           |

### Job Allocations

| Operation             | Component Part | Required | Inventory | Allocated |
|-----------------------|----------------|----------|-----------|-----------|
| 90-Start up Operation | AN4-26A        | 10       | 40        | 0         |
|                       | CBL-1240       | 3        | 387       | 0         |
|                       | CBL-460        | 4        | 379       | 0         |
|                       | D5549-3        | 1        | 0         | 0         |
|                       | D5550-043      | 1        | 0         | 0         |
|                       | D5553-1        | 2        | 3         | 0         |
|                       | MS17984-C625   | 2        | 8         | 0         |
|                       | MS20002C6      | 6        | 105       | 0         |



DQA: \_\_\_\_\_ Date: \_\_\_\_\_



# WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

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| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><table style="width:100%; border: none;"> <tr> <td style="border: none;">Skid-tube <input type="checkbox"/></td> <td style="border: none;">Cross tube <input type="checkbox"/></td> <td style="border: none;">Water Jet <input type="checkbox"/></td> <td style="border: none;">Engineering <input type="checkbox"/></td> </tr> <tr> <td style="border: none;">Machining <input type="checkbox"/></td> <td style="border: none;">Small Fab <input type="checkbox"/></td> <td style="border: none;">Prod. Eng. Coord. <input type="checkbox"/></td> <td style="border: none;">Quality <input type="checkbox"/></td> </tr> <tr> <td style="border: none;">Thermoforming <input type="checkbox"/></td> <td style="border: none;">Finishing <input type="checkbox"/></td> <td style="border: none;">Rec/Store/Packaging <input type="checkbox"/></td> <td style="border: none;">Other <input type="checkbox"/></td> </tr> <tr> <td style="border: none;">Large Fab <input type="checkbox"/></td> <td style="border: none;">Composite <input type="checkbox"/></td> <td style="border: none;">Supplier <input type="checkbox"/></td> <td></td> </tr> </table> |                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                   | Skid-tube <input type="checkbox"/>       | Cross tube <input type="checkbox"/>       | Water Jet <input type="checkbox"/>          | Engineering <input type="checkbox"/>      | Machining <input type="checkbox"/>        | Small Fab <input type="checkbox"/> | Prod. Eng. Coord. <input type="checkbox"/> | Quality <input type="checkbox"/>             | Thermoforming <input type="checkbox"/>         | Finishing <input type="checkbox"/>           | Rec/Store/Packaging <input type="checkbox"/> | Other <input type="checkbox"/>                 | Large Fab <input type="checkbox"/>     | Composite <input type="checkbox"/>            | Supplier <input type="checkbox"/> |                                         |                                                 |                                                            |                                             |                                            |                                |                                        |                                          |                                     |                                   |                                      |                                  |                                  |                                     |                                        |                                     |                                 |                                             |                                                          |                                       |                                  |
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| <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p style="font-size: small;">Dart Aerospace Ltd.<br/>1270 Aberdeen Street<br/>Hawkesbury, ON K6A 1K7<br/>CANADA<br/>TEL.: 1 613 632-5200<br/>Email: sales@dartaero.com<br/>www.dartaerospace.com</p> <p style="font-size: x-small;"><b>DART</b><br/>AEROSPACE</p> <p>Container No: S126071</p> <p>Part: D5549 - 014</p> <p>Job No: 183902</p> <p>Serial No/Batch: S126071</p> <p>Revision: B</p> <p>Inspector: _____</p> <p>Exp Date: _____</p> <p>Instructions: Various STC's</p> </div> <div style="width: 45%; text-align: right;"> <p>Date: 11/08/18</p> </div> </div>                                                                                                                                                                                                                                                                                                                                                                      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border: none;"> <tr> <td style="border: none;"><input type="checkbox"/> Pressure/Forced</td> <td style="border: none;"><input type="checkbox"/> Temperature/Cure</td> <td style="border: none;"><input type="checkbox"/> Power Loss/Surge</td> <td style="border: none;"><input type="checkbox"/> Positioned Wrong</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Bending</td> <td style="border: none;"><input type="checkbox"/> Set-up</td> <td style="border: none;"><input type="checkbox"/> Folio/Program</td> <td style="border: none;"><input type="checkbox"/> Outside Dimensions</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Centre Not Concentric</td> <td style="border: none;"><input type="checkbox"/> BOM/Route</td> <td style="border: none;"><input type="checkbox"/> Grain</td> <td style="border: none;"><input type="checkbox"/> Over/Under tolerance</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Cracks</td> <td style="border: none;"><input type="checkbox"/> Broken/Damage/Defect</td> <td style="border: none;"><input type="checkbox"/> Weld</td> <td style="border: none;"><input type="checkbox"/> Part Incorrect</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Crimp/Kink/Ripple/Wave</td> <td style="border: none;"><input type="checkbox"/> Inspection Incomplete/Unqualified</td> <td style="border: none;"><input type="checkbox"/> Wrong Stock Pulled</td> <td style="border: none;"><input type="checkbox"/> Part Lost/Missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Cuffs</td> <td style="border: none;"><input type="checkbox"/> Contamination</td> <td style="border: none;"><input type="checkbox"/> Out of Sequence</td> <td style="border: none;"><input type="checkbox"/> Part Moved</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Crushing</td> <td style="border: none;"><input type="checkbox"/> Countersink</td> <td style="border: none;"><input type="checkbox"/> Off-set</td> <td style="border: none;"><input type="checkbox"/> Drawing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Heat Treat</td> <td style="border: none;"><input type="checkbox"/> Cut Too Short</td> <td style="border: none;"><input type="checkbox"/> Mislabeled</td> <td style="border: none;"><input type="checkbox"/> Finish</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Wave/Twist in Tube</td> <td style="border: none;"><input type="checkbox"/> Instructions Incomplete/Unclear</td> <td style="border: none;"><input type="checkbox"/> Fit/Function</td> <td style="border: none;"><input type="checkbox"/> Misread</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Marks/Chatter</td> <td style="border: none;"><input type="checkbox"/> Drill Holes</td> <td style="border: none;"><input type="checkbox"/> Misaligned/off center</td> <td style="border: none;"><input type="checkbox"/> Turning Sequence</td> </tr> </table> |                                   | <input type="checkbox"/> Pressure/Forced | <input type="checkbox"/> Temperature/Cure | <input type="checkbox"/> Power Loss/Surge   | <input type="checkbox"/> Positioned Wrong | <input type="checkbox"/> Bending          | <input type="checkbox"/> Set-up    | <input type="checkbox"/> Folio/Program     | <input type="checkbox"/> Outside Dimensions  | <input type="checkbox"/> Centre Not Concentric | <input type="checkbox"/> BOM/Route           | <input type="checkbox"/> Grain               | <input type="checkbox"/> Over/Under tolerance  | <input type="checkbox"/> Cracks        | <input type="checkbox"/> Broken/Damage/Defect | <input type="checkbox"/> Weld     | <input type="checkbox"/> Part Incorrect | <input type="checkbox"/> Crimp/Kink/Ripple/Wave | <input type="checkbox"/> Inspection Incomplete/Unqualified | <input type="checkbox"/> Wrong Stock Pulled | <input type="checkbox"/> Part Lost/Missing | <input type="checkbox"/> Cuffs | <input type="checkbox"/> Contamination | <input type="checkbox"/> Out of Sequence | <input type="checkbox"/> Part Moved | <input type="checkbox"/> Crushing | <input type="checkbox"/> Countersink | <input type="checkbox"/> Off-set | <input type="checkbox"/> Drawing | <input type="checkbox"/> Heat Treat | <input type="checkbox"/> Cut Too Short | <input type="checkbox"/> Mislabeled | <input type="checkbox"/> Finish | <input type="checkbox"/> Wave/Twist in Tube | <input type="checkbox"/> Instructions Incomplete/Unclear | <input type="checkbox"/> Fit/Function | <input type="checkbox"/> Misread |
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| <input type="checkbox"/> Centre Not Concentric                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         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| <input type="checkbox"/> Cracks                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        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| <input type="checkbox"/> Crimp/Kink/Ripple/Wave                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Inspection Incomplete/Unqualified                                                                                                                         | <input type="checkbox"/> Wrong Stock Pulled                                                                                                                                                                                                                                                                                                                                                                                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| <input type="checkbox"/> Cuffs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         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| <input type="checkbox"/> Crushing                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      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| <input type="checkbox"/> Heat Treat                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    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| <input type="checkbox"/> Wave/Twist in Tube                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            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| <input type="checkbox"/> Marks/Chatter                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 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| <table style="width:100%; border: none;"> <tr> <td style="border: none;"><input type="checkbox"/> Equip/Tooling</td> <td style="border: none;"><input type="checkbox"/> Supplier</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Handling/Pre</td> <td style="border: none;"><input type="checkbox"/> Training</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Material</td> <td style="border: none;"><input type="checkbox"/> Use for Testing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Internal Transport</td> <td style="border: none;"><input type="checkbox"/> Poor Information</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Tribal Knowledge</td> <td style="border: none;"><input type="checkbox"/> Rushing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> LOA</td> <td style="border: none;"><input type="checkbox"/> Product Improvement</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Substation</td> <td style="border: none;"><input type="checkbox"/> Process Improvement</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Past Expiry Date</td> <td style="border: none;"><input type="checkbox"/> Manufacturing Process</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Misidentified</td> <td style="border: none;"><input type="checkbox"/> Past Due</td> </tr> </table> |                                                                                                                                                                                    | <input type="checkbox"/> Equip/Tooling                                                                                                                                                                                                                                                                                                                                                                             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type="checkbox"/> Poor Information | <input type="checkbox"/> Tribal Knowledge | <input type="checkbox"/> Rushing   | <input type="checkbox"/> LOA               | <input type="checkbox"/> Product Improvement | <input type="checkbox"/> Substation            | <input type="checkbox"/> Process Improvement | <input type="checkbox"/> Past Expiry Date    | <input type="checkbox"/> Manufacturing Process | <input type="checkbox"/> Misidentified | <input type="checkbox"/> Past Due             | OTHER : _____                     |                                         |                                                 |                                                            |                                             |                                            |                                |                                        |                                          |                                     |                                   |                                      | 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| <input type="checkbox"/> Equip/Tooling                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 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| <input type="checkbox"/> Handling/Pre                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  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| <input type="checkbox"/> Material                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      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| <input type="checkbox"/> Internal Transport                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            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| <input type="checkbox"/> Tribal Knowledge                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              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| <input type="checkbox"/> LOA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           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| <input type="checkbox"/> Substation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    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| <input type="checkbox"/> Past Expiry Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              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| <input type="checkbox"/> Misidentified                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 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| MS21042L4     | 10 | 4,255 | 0 |
| MS21042L6     | 6  | 410   | 0 |
| MS21250-06026 | 6  | 13    | 0 |
| NAS1149D0463J | 20 | 6,258 | 0 |
| NAS1149D0663J | 6  | 1,246 | 0 |

#### Part Specifications

Specifications could not be found.

Plex 9/28/18 10:43 AM Dart.lajeunesse.marie



DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

|                                                              |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                            |                                                |                                               |
|--------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|------------------------------------------------|-----------------------------------------------|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____ | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>             Skid-tube <input type="checkbox"/><br/>             Machining <input type="checkbox"/><br/>             Thermoforming <input type="checkbox"/><br/>             Large Fab <input type="checkbox"/> </div> <div>             Cross tube <input type="checkbox"/><br/>             Small Fab <input type="checkbox"/><br/>             Finishing <input type="checkbox"/><br/>             Composite <input type="checkbox"/> </div> <div>             Water Jet <input type="checkbox"/><br/>             Prod. Eng. Coord. <input type="checkbox"/><br/>             Rec/Store/Packaging <input type="checkbox"/><br/>             Supplier <input type="checkbox"/> </div> <div>             Engineering <input type="checkbox"/><br/>             Quality <input type="checkbox"/><br/>             Other <input type="checkbox"/> </div> </div> |                                                            |                                                |                                               |
| Date :                                                       | Step #:                                                                                                                                                                            | QTY Effective :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                            | MRB (QSI042) Approval                          |                                               |
| Description Work Order Deviation                             |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Disposition                                                |                                                |                                               |
|                                                              |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Completed By                                               |                                                |                                               |
|                                                              |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Lead hand / Supervisor<br>Approval Verification            |                                                |                                               |
|                                                              |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | QC / QA Coordinator<br>Approval                            |                                                |                                               |
| Root Cause                                                   |                                                                                                                                                                                    | FAULT CATEGORY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                            |                                                |                                               |
| Environment <input type="checkbox"/>                         | No Re-verification <input type="checkbox"/>                                                                                                                                        | Pressure/Forced <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Temperature/Cure <input type="checkbox"/>                  | Power Loss/Surge <input type="checkbox"/>      | Positioned Wrong <input type="checkbox"/>     |
| Design <input type="checkbox"/>                              | Operator <input type="checkbox"/>                                                                                                                                                  | Bending <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Set-up <input type="checkbox"/>                            | Folio/Program <input type="checkbox"/>         | Outside Dimensions <input type="checkbox"/>   |
| Doc/Data <input type="checkbox"/>                            | Offset/Setup <input type="checkbox"/>                                                                                                                                              | Centre Not Concentric <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | BOM/Route <input type="checkbox"/>                         | Grain <input type="checkbox"/>                 | Over/Under tolerance <input type="checkbox"/> |
| Equip/Tooling <input type="checkbox"/>                       | Supplier <input type="checkbox"/>                                                                                                                                                  | Cracks <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Broken/Damage/Defect <input type="checkbox"/>              | Weld <input type="checkbox"/>                  | Part Incorrect <input type="checkbox"/>       |
| Handling/Pre <input type="checkbox"/>                        | Training <input type="checkbox"/>                                                                                                                                                  | Crimp/Kink/Ripple/Wave <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Inspection Incomplete/Unqualified <input type="checkbox"/> | Wrong Stock Pulled <input type="checkbox"/>    | Part Lost/Missing <input type="checkbox"/>    |
| Material <input type="checkbox"/>                            | Use for Testing <input type="checkbox"/>                                                                                                                                           | Cuffs <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Contamination <input type="checkbox"/>                     | Out of Sequence <input type="checkbox"/>       | Part Moved <input type="checkbox"/>           |
| Internal Transport <input type="checkbox"/>                  | Poor Information <input type="checkbox"/>                                                                                                                                          | Crushing <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Countersink <input type="checkbox"/>                       | Off-set <input type="checkbox"/>               | Drawing <input type="checkbox"/>              |
| Tribal Knowledge <input type="checkbox"/>                    | Rushing <input type="checkbox"/>                                                                                                                                                   | Heat Treat <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Cut Too Short <input type="checkbox"/>                     | Mislabeled <input type="checkbox"/>            | Finish <input type="checkbox"/>               |
| LOA <input type="checkbox"/>                                 | Product Improvement <input type="checkbox"/>                                                                                                                                       | Wave/Twist in Tube <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Instructions Incomplete/Unclear <input type="checkbox"/>   | Fit/Function <input type="checkbox"/>          | Misread <input type="checkbox"/>              |
| Substation <input type="checkbox"/>                          | Process Improvement <input type="checkbox"/>                                                                                                                                       | Marks/Chatter <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Drill Holes <input type="checkbox"/>                       | Misaligned/off center <input type="checkbox"/> | Turning Sequence <input type="checkbox"/>     |
| Past Expiry Date <input type="checkbox"/>                    | Manufacturing Process <input type="checkbox"/>                                                                                                                                     | OTHER : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                            |                                                |                                               |
| Misidentified <input type="checkbox"/>                       | Past Due <input type="checkbox"/>                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                            |                                                |                                               |